

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

35011

1. PLACE OF DEATH

County..... Registration District No. 791Township..... Primary Registration District No. 200City St. Louis (No. City Harp #2)File No. 9219Registered No. 9219

St. Ward)

2. FULL NAME Derthur Jacobs(a) Residence, No. 1214 Cass ave. St. 25 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 19 117. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 228. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. house work
10. Date deceased last worked at this occupation (month and year) Memphis Tenn.
11. Total time (years) spent in this occupation12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Memphis Tenn.13. NAME Bessie Phillips14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.15. MAIDEN NAME Denise Payne16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.Y.17. INFORMANT Other Ward (ADDRESS) 1214 Cass ave.18. BURIAL, CREMATION, OR REMOVAL Washington park PLACE Grave DATE Oct 26 192219. UNDERTAKER W. Wade Grunberg (ADDRESS) 3849 Windsor St.20. FILED 125 1922 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-1 193322. I HEREBY CERTIFY, That I attended deceased from June 22nd 1933 to Oct 1st 1933I last saw him alive on Sept 30th 1933. Death is said to have occurred on the date stated above, at 1:30 P. m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) J. H. Williamson M. D.(Address) 3200 A Franklin Ave.

